

STATE OF CONNECTICUT



DEPARTMENT OF AGRICULTURE BUREAU OF AQUACULTURE & LABORATORY

APPLICATION FOR SHORT TERM SHELLFISH TRANSPLANT (RELAY) LICENSE 1-A

() Interstate () Intrastate

CT License No.:	Application Date:					
Applicant:						
(Print Name to Appe						
Address:			Fax			
No.:			· 			
(Street)	(City, Zip	Code)				
Telephone:(Business / Eme	Soc	cial Security No				
(Business / Eme	rgency)					
	PART I – SHELLFISH	H REMOVED FROM	<u>1:</u>			
Exclusi	ve of Prohibited and Conditio	nally Restricted-Rel	lay (Closed) Areas			
Shellfish Species City/Town	Lot/Lease Nur	mber	Map design. (Town/Stat	e)		
			Holder			
Oysters Purchased from Seed O	yster Licensees:No	YES License H	Holder	/Cl		
Oysters Purchased from Seed O	yster Licensees:No	YES License H		(Clos		
Oysters Purchased from Seed O	yster Licensees:No or harvested from areas classif	YES License F	Holder	(Clos		
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P.O. Box 97, 190 Rogers Avenue, Milford, CT 06460 Phone: 203-874-0696 Fax: 203-783-9976 An Affirmative Action/Equal Opportunity Employer

PART III BOAT IDENTIFICATION: A recent photograph of each boat must accompany this application. 1. Name Color Size: Make: Marinehead with discharge: Documented No: Recent Photo Provided: Captain: Owner/Other Information: 2. Name: Registration No: Color: Size: Make: Marinehead with discharge: Documented No: Color: Make: Marinehead with discharge: Documented No: Color: Make: Marinehead No: Color: Size: Make: Marinehead with discharge: Documented No: Coptain: Owner/Other Information Part IV WHEN ANY SHELLFISH IN PART I ARE BROUGHT TO SHORE APPROVAL MUST BE OBTAINED. 1. Name of individual/Company transporting shellfish listed in Part L 2.Location of Landing/Unloading dock where shellfish will be taken from harvesting vessels: (Name of Dock) (Street) (Town) (State) (Zip Code) 3. Vehicle to be used for transporting. (Year, Make, Color, Marker #) 4. Expected dates of start and completion of the landing/loading operations. 5. Location where shellfish will be transported to: 6. If shellfish are to be stored at this location (noted in # 4) rather than loaded on boat for immediate delivery to racks in waters listed in Part II, please note method and length of storage. 7. SECURITY PROVIDED AND APPROVED BY DA/BA: PART V AGREEMENT: I declare that I have legal authority to transplant (relay) shellfish from/to areas indicated and that will conform to all agreed to licensed activities, regulations and stautes. PLEASE NOTE: Harvesters operation in Restricted-Rejav or Prohibited area must northy DFP at a number proved to them or the DFP Dispatcher at (860) 42: 3503. I understand that any person making a written false statement on this application shall be subject to arrest a provided for in Section 53A: 157 of the Connecticut General Stautues. 1 agree to keep a current copy of my license on all vessels and a boat log for harvest and transplant activities, and agree to make all boat records relating to the harvest and relay of shellfish available for review and copying when necessary be the DA/BA and the DEP D	AQ-36	b (Rev. 4/11)				
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